



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	10/701,888
Filing Date	November 4, 2003
First Named Inventor	SALMON, Peter C.
Examiner Name	Harrison, Monica D.
Group Art Unit	2829
Total Number of Pages in This Submission	9
Attorney Docket No.	A-70884-2/AJT (465403-45)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Final Office Action	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Check in the amount of \$141.00 for extra claim fee and extension of time fee; Self-Addressed Return Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer(2pgs.)	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Aldo J. Test, Reg. No. 18,048 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone 650-494-8700	Customer Number 32940
Signature		
Date	August 27, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

8/27/04

Typed or printed name	Leslie Hoffmann		
Signature		Date	August 27, 2004



AMENDMENT FEE CALCULATION 2004

Complete if Known

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Claims as Amended in Response to Office Action dated: May 21, 2004

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: <u>50-2319</u> Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
		110	55	Extension for reply within first month	55.00
		420	210	Extension for reply within second month	
		950	475	Extension for reply within third month	
		1,480	740	Extension for reply within fourth month	
		2,010	1,005	Extension for reply within fifth month	
		330	165	Notice of Appeal	
		330	165	Filing a brief in support of an appeal	
		290	145	Request for oral hearing	
		110	55	Terminal Disclaimer Fee	
		110	55	Petition to revive – unavoidable	
		1,330	665	Petition to revive – unintentional	
		1,330	665	Utility/Reissue issue fee (inc. advance copies)	
		130	130	Petitions to the Commissioner	
		180	180	Submission of IDS	
		770	385	Request for Continued Examination (RCE)	
		Other fee (specify):			0
		Subtotal (2)			55.00
		Total Amount of Payment:			141.00

AMENDMENT FEE CALCULATION				
1. EXTRA* CLAIM FEES				
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*	Additional Fee
Total 14	- 20	= 0	x .00	= .00
Indep. 5	- 3	= 2	x 43.00	= 86.00
First Presentation of Multiple Dependent Claim			x	=
Subtotal (1)				86.00

*Calculation of Extra Claim Fees		
Large Entity Fee	Small Entity Fee	Fee Description
18	9	Claims in excess of 20
86	43	Independent claims in excess of 3
290	145	Multiple dependent Claim
86	43	Reissue independent claims over original patent
18	9	Reissue claims in excess of 20 and over original patent

Submitted by:

Name: Aldo J. Test	Reg. No.: 18,048	Telephone: 650-494-8700
DORSEY & WHITNEY LLP	Four Embarcadero Center, Suite 3400 San Francisco, California 94111-4187	CUSTOMER NUMBER 32940
Signature:		Date: August 27, 2004